

Cintsa Horses

CINTSA HORSES

AND

NEW HAMPSHIRE REHABILITATION CENTRE

BOOKING FORM

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Postal Address

Cintsa Horses

P.O.Box 348

Kwelera

5259

South Africa

Please complete the form legibly, in your own handwriting, and fax, or scan and e-mail, it back to us.

Take a ride on the wild side!

CINTSA HORSES AND NEW HAMPSHIRE REHAB CENTRE BOOKING

FULL NAME		
DATE OF BIRTH		
WEIGHT		
HEIGHT		
CONTACT NUMBER		
MOBILE NUMBER		
RESIDENTIAL ADDRESS		
POSTAL ADDRESS		
EMAIL ADDRESS		
EMERGENCY CONTACT No		
SPECIAL DIET OR ALLERGIES	VEGETARIAN WHEAT ALLERGIC IF OTHER STATE WHAT	
ANY MEDICAL CONDITION		
ANY DISABILITY		
ANY PAST MEDICAL PROBLEMS		
WHICH PACKAGE WOULD YOU BE INTERESTED IN	1 Week 2 Week 3 Week 4 Week	

IF YOUR ANSWER IS YES TO ANY OF THE FOLLOWING QUESTIONS PLEASE SPECIFY

DO YOU HAVE ANY RIDING QUALIFICATIONS	
HAVE YOU RIDDEN COMPETITIVELY	
HAVE YOU HAD ANY BAD EXPERIENCES TO AFFECT YOUR CONFIDENCE IN RIDING	
DO YOU HAVE ANY MEDICAL OR DISABILITY PROBLEMS THAT COULD AFFECT YOUR RIDING ABILITY	
DO YOU ENJOY WORKING WITH YOUNG HORSES I.E LUNGEING, BACKING AND/ OR SCHOOLING	
IF YES GIVE DETAILS OF YOUR EXPERIENCE	
IN YOUR OWN WORDS DESCRIBE THE KIND OF HORSE YOU ENJOY RIDING	
IN YOUR OWN WORDS DESCRIBE YOURSELF AS A RIDER	

If there is not enough space, please attach any other information that you feel is relevant.

DETAILS OF YOUR RIDING EXPERIENCE

THE INFORMATION WE ARE REQUESTING IS TO GIVE US A BIGGER PICTURE OF YOUR RIDING BACKGROUND AND YOUR CAPABILITIES

YOUR NAME			
AGE			
HOW LONG HAVE YOU BEEN RIDING			
HOW OFTEN DO YOU RIDE			
CAN YOU GROOM			
CAN YOU TACK UP			
CAN YOU MOUNT AND DISMOUNT			
IN WHAT AREAS ARE YOU USED TO RIDING	<table border="1"><tr><td>CROSS COUNTRY RIDING SCHOOL MENAGE' HUNTING OUT RIDES ARENA</td><td></td></tr></table>	CROSS COUNTRY RIDING SCHOOL MENAGE' HUNTING OUT RIDES ARENA	
CROSS COUNTRY RIDING SCHOOL MENAGE' HUNTING OUT RIDES ARENA			

TRAVEL AND INSURANCE

PLEASE ENSURE THAT YOU ARE COVERED FOR HORSE RIDING AND THAT YOU HAVE TRIP CANCELLATION COVER ETC.

YOUR TRAVEL INSURANCE COMPANY NAME	
TELEPHONE NUMBER AND ADDRESS	
DATE OF ARRIVAL AT EAST LONDON AIRPORT	
FLIGHT NUMBER	
ESTIMATED TIME OF ARRIVAL	
DEPARTURE DATE FROM EAST LONDON AIRPORT	
FLIGHT NUMBER	
DEPARTURE TIME	

TRANSPORT TO AND FROM THE AIRPORT IS INCLUDED